



Membership Registration

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

\$10.00 Annual Membership Fee per person

- New
- Renewal

\$_____ Donation for the work of Chilliwack Hospice Society

\$_____ Donation in memory of _____

Total \$_____ enclosed.

Please mail notification card to:

Name: _____

Address: _____

Please contact me with training or volunteering opportunities.

Mail or drop off:
Chilliwack Hospice Society
7112 Vedder Rd
Chilliwack, BC V2R 3T6